



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E292666**

1 2 3 27

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-03148
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	12 - 14 - 2013	1829	31	
N S	E W	IN OF	<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9 NE	BLOCK NO. <input checked="" type="checkbox"/>	3600
	MILE POST <input type="checkbox"/>	

DISTANCE		MILES	N E	OF (REFERENCE OR CROSS STREET)
		FEET	S W	SR 92

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4254350184
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LAST NAME	GRAY	FIRST NAME	JOSHUA	MIDDLE INITIAL	R
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STREET NEW ADDRESS	19 83 DR SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	GRAY*JR147NW	STATE	WA	SEX	M	D.O.B. MMDDYY	08	16	1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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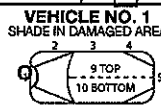
LICENSE PLATE #	AHM4371	STATE	WA	VIN#	JN8HD17Y6SW003966
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1995	MAKE	NISS	MODEL	PATHFI	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. LORETTA DICKSON 42631 MAY CREEK RD GOLD BAR WA 98251

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	3Z0969606, 3Z0969606
	CHARGE	OP MOT VEH W/OUT INS, NO VALID



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4254185827
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LAST NAME	ADAMS	FIRST NAME	JEANNETTE	MIDDLE INITIAL	C
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STREET NEW ADDRESS	502 91ST AVE SE # B
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CITY	LAKE STEVENS	ST	WA	ZIP	982583700
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	ADAMSJC305OW	STATE	WA	SEX	F	D.O.B. MMDDYY	09	16	1970
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	643YAH	STATE	WA	VIN#	3VWRM71K68M091429
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	VOLK	MODEL	JET4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. JEANNETTE ADAMS 502 91ST AVE SE UNIT B LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GBCO 1932-36-49-02
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	
	CHARGE	



OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E292666**

CASE # **13-03148**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LEWIS NERRIAH M																	
ADDRESS & PHONE #		5601 105 AVE NE LAKE STEVENS WA 98258																	
SEX		M		D.O.B.		MMDDYYYY		07		25		1986							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B.		MMDDYYYY													
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B.		MMDDYYYY													
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 12/14/2013 at about 1829 hours, Unit 1 was northbound on SR 9 NE traveling behind Unit 2 in the City of Lake Stevens. Both vehicles stopped for the red light at the intersection of SR 92. When the signal light turned green, Unit 2 was still stopped for the traffic ahead to move. Unit 1 accelerated from a stopped position and rear ended Unit 2.

No injuries were reported. Both vehicles were able to be driven from the scene. The driver of Unit 1 was issued traffic infraction 3Z0969606 for not having a valid license or vehicle insurance.

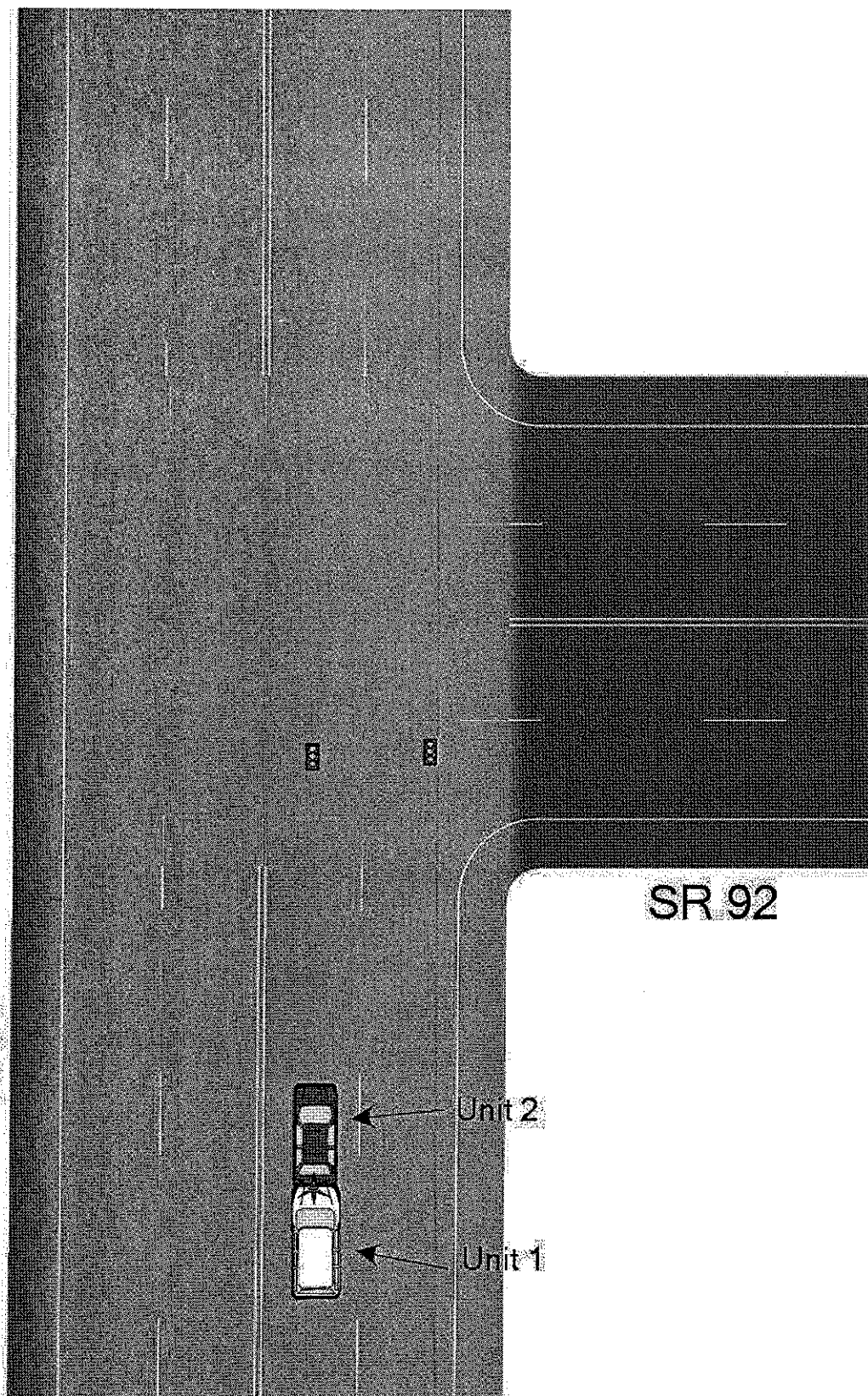
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
KERRY BERNHARD				12-15-13 04:50 AM			
APPROVED BY				DATE			
BOB SUMMERS 079				12/15/2013 10:43:07 AM			
BADGE OR ID #	120	ORI #	WA0311900	TIME POLICE DISPATCHED	6:29 PM	TIME POLICE ARRIVED	6:36 PM



Not to Scale

SR 9



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

13-03148

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Joshua Gray	RACE W	ETH	SEX M	DOB 8-16-86	AGE 27	HGT 5'11"	WGT 185	HAIR BLK	EYES BLU
STREET ADDRESS 83rd Dr SE		CITY Lake Stevens		STATE WA		ZIP 98258		STATUS		
HOME PHONE 425-843-0184		CELL PHONE		PLACE OF EMPLOYMENT Silver Bay						
WORK PHONE		EMAIL ADDRESS								

I, Joshua Gray, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

was Driving down Highway 9
 & hit a light ~~at~~ a little past
 Soper hill RD. Was stopped &
 then saw light turn green ~~when~~
 so started to let off gas &
 then ~~the~~ looked down to give my
 phone to friend when I suddenly
 hit the driver in front of me.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 12-14-13	LOCATION SIGNED
OFFICER/NUMBER: H. SEPANHA #720	DATE SIGNED 12-15-13	LOCATION SIGNED LK STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>K. BERNHARD #120</i>			Case Number <i>13-03148</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>ACCIDENT</i>			Date/Time: <i>12-15-13 0338</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # <i>KS-1</i>	Item <i>Photo CD</i> Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action # <i>3</i>						
Owner's Name <i>LSPD</i> Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions <i>#120</i>						

Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

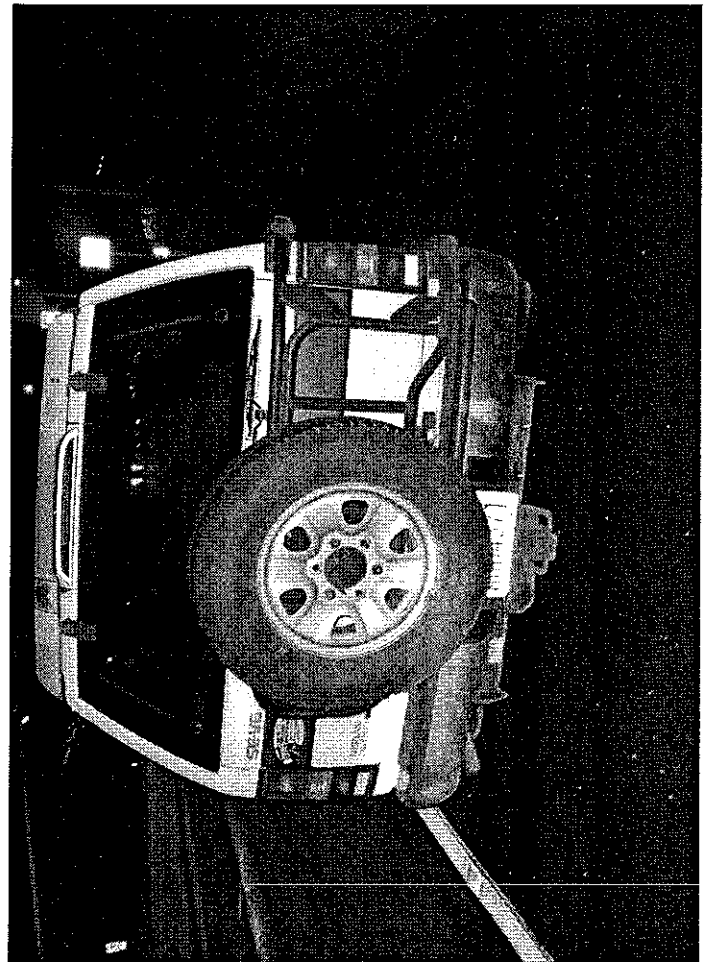
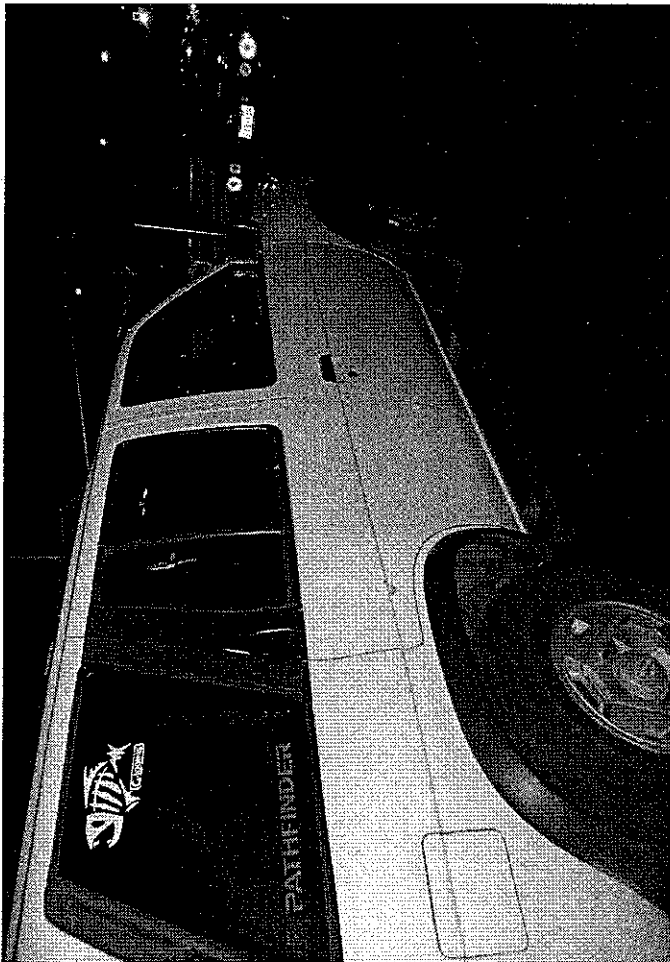
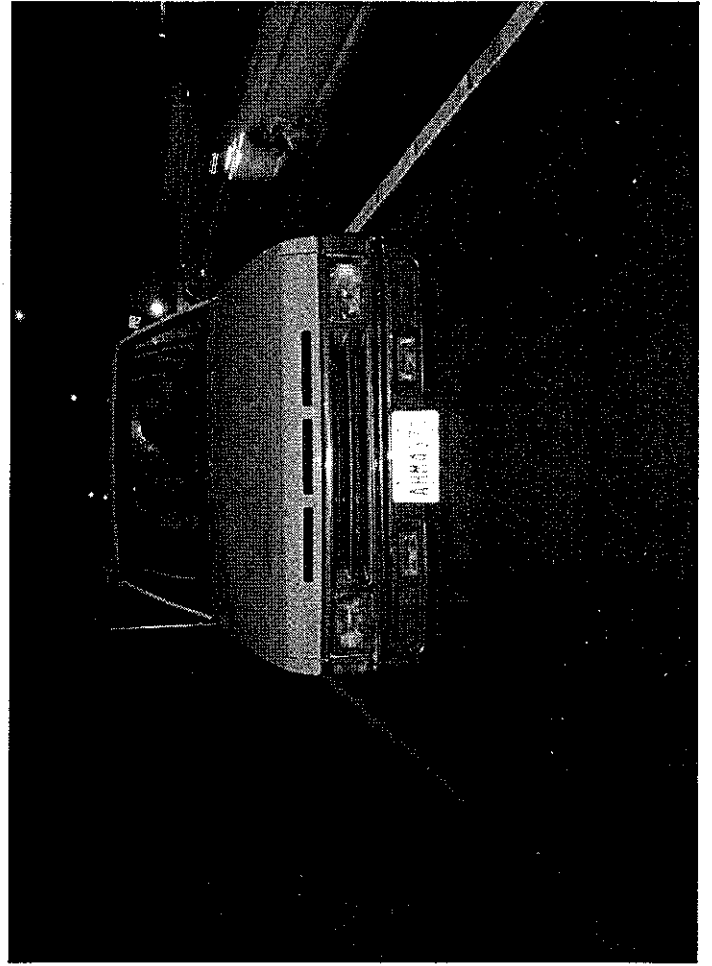
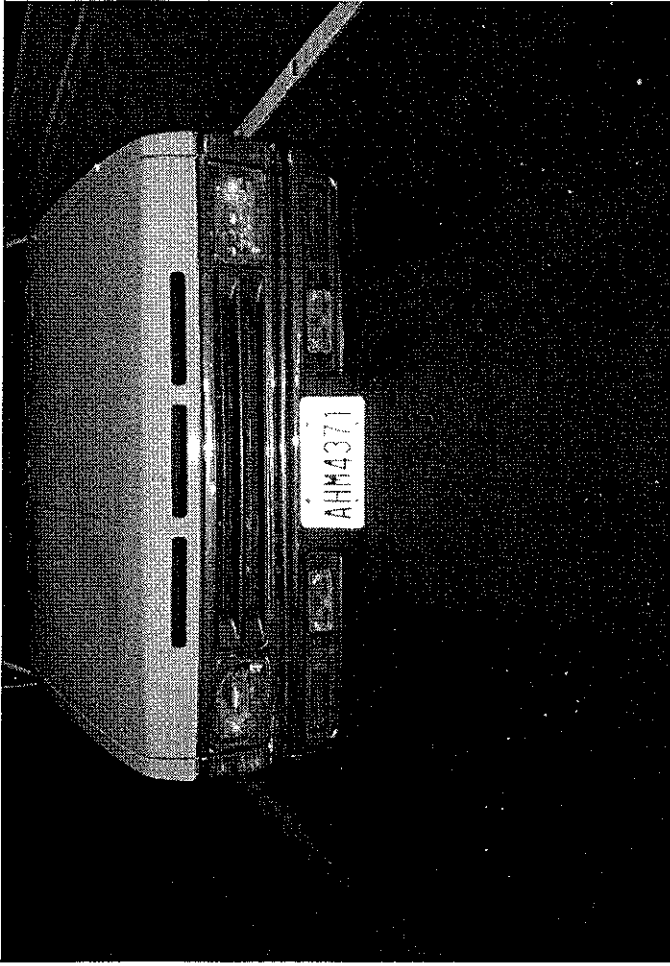
Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

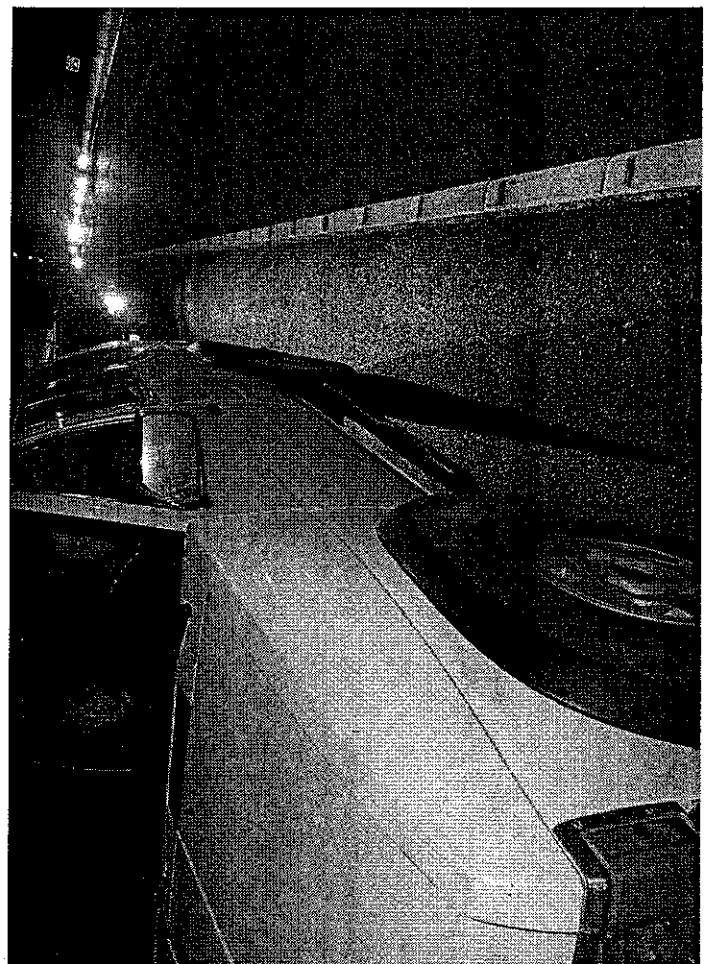
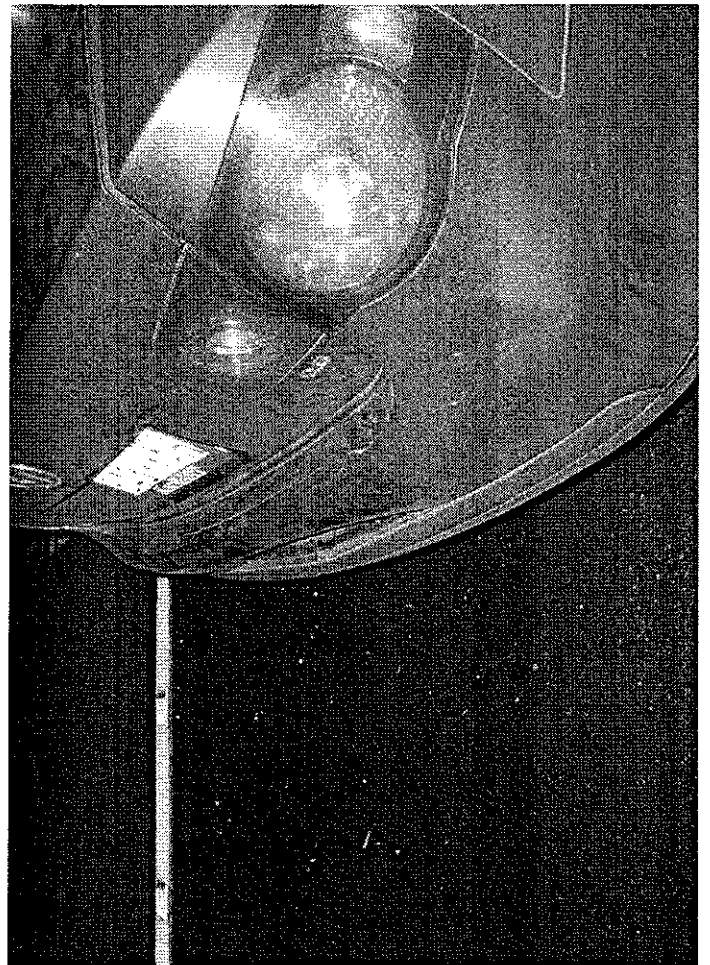
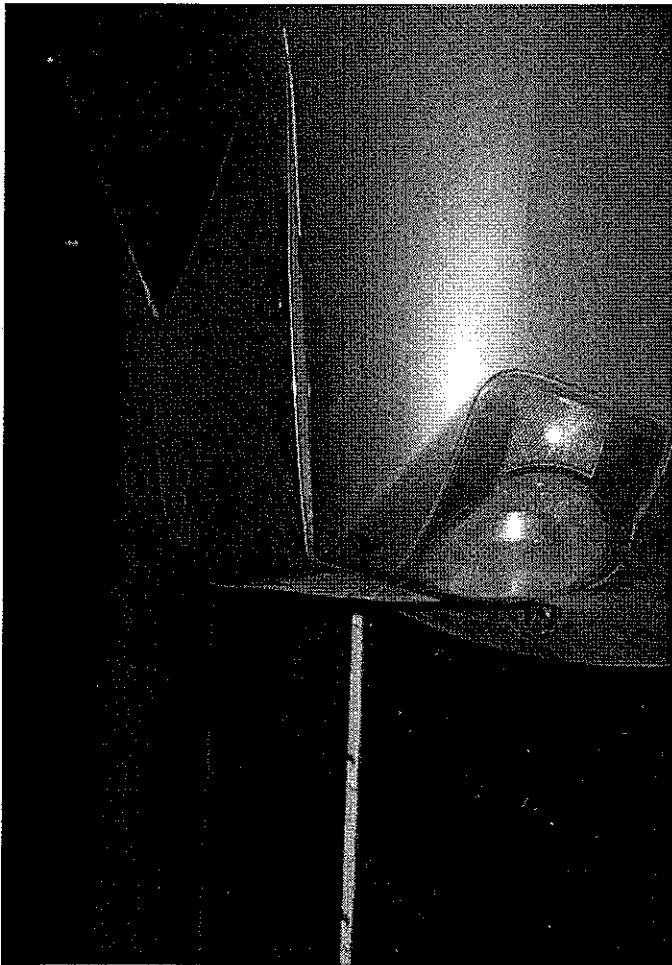
Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

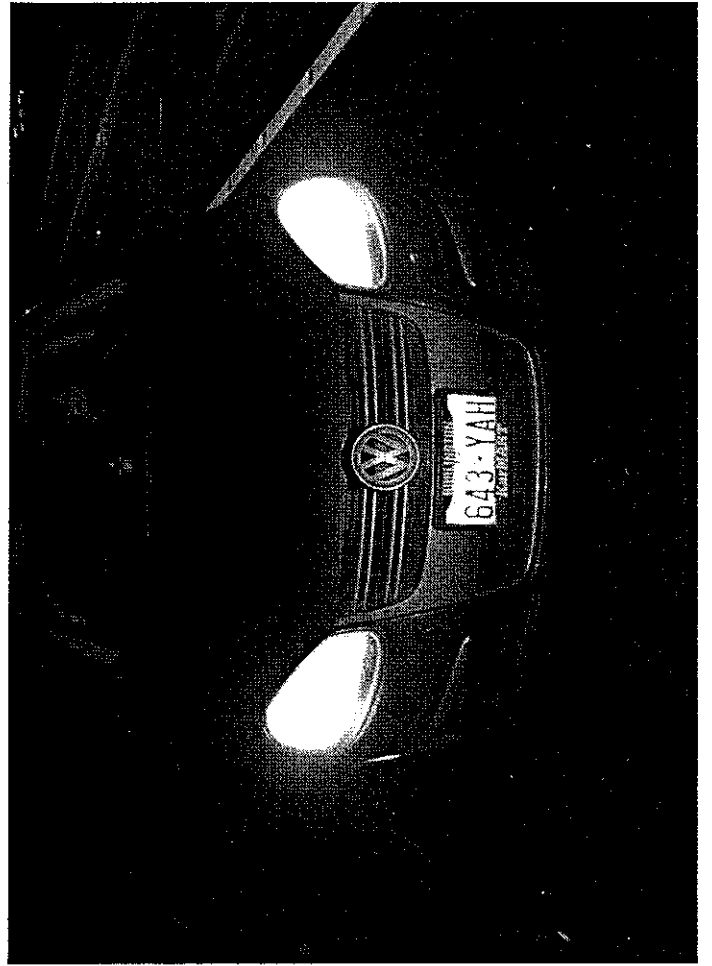
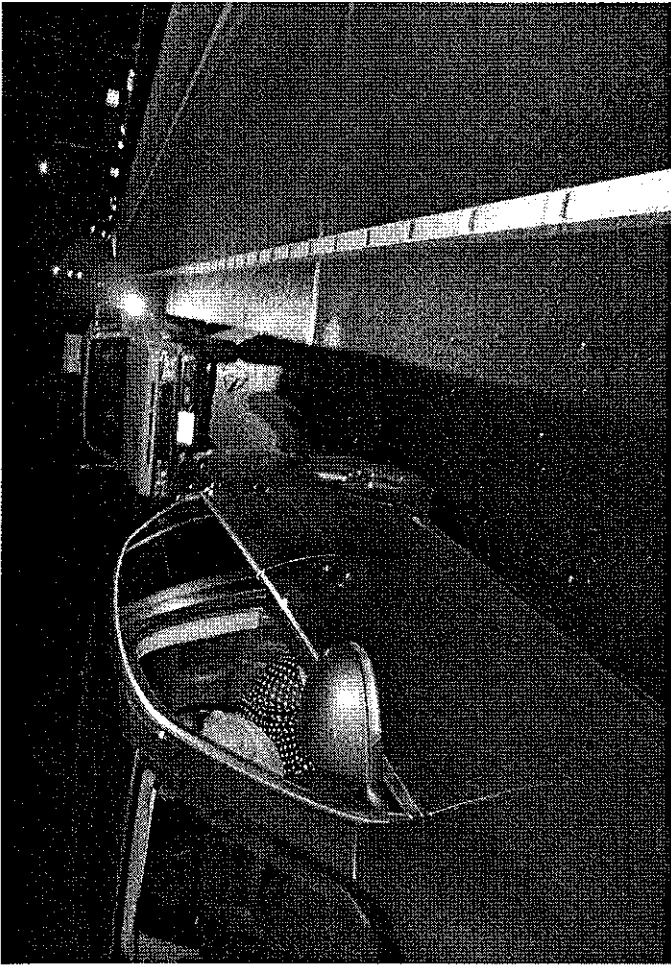
Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/> Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC + Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC - Date:	Owner Letter Sent:	Yellow: Case File









ESPD
ORIGINAL

Entered	12/14/13	18:29:08	BY SPSC40	SP0307
Dispatched	12/14/13	18:29:08	BY SPSC40	SP0307
Enroute	12/14/13	18:29:08		
Onscene	12/14/13	18:29:08		
Closed	12/14/13	19:07:50		

Loc: SR 9 NE/SR 92 , LKS (V)

Name:	Addr:	Phone:
/1829 (SP0307) \$OUTSRV	, AHM4371 643YAH	
/1829 DISPOS SS1936	#SS105 IRWIN, OFFICER (DENNIS)	
	, AHM4371 643YAH	
/1829 (***** REMINQ	SS1936 AHM4371	
/1829 (SP0307) REMINQ	SS1936 LIC, 1936, AHM4371, , ,	
/1829 (***** REMINQ	SS1936 643YAH	
/1829 (SP0307) REMINQ	SS1936 LIC, 1936, 643YAH, , ,	
/1829 ASSTER SS1940	[SR 9/SR 92]	
	#SS120 BERNHARD, OFFICER (KERRY)	
/1835 CHANGE	LOC: SR 9/SR 92 --> SR 9 NE/SR 92 , LKS,	
	BLK: --> SS001	

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/1836          ONSCNE  SS1940
/1836  (***** ) REMINQ  SS1940  GRAY, JOSHUA. R. 08161986.
/1836  (SP0307 ) REMINQ  SS1940  NAME, 1940, GRAY, JOSHUA, R, 08161986,
/1841  (SS120  ) REMINQ  SS1940  MDTVEH, AHM4371,, WA, , , , , , , , ,
/1841  (SP0367 ) CLEAR   SS1936
/1842  (SS120  ) *ASNCAS  SS1940  $SS13003148
/1907  (SP0203 ) CLEAR   SS1940  D/H
/1907          CLOSE   SS1940

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ORIGINALS